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JUL 15 2004

Dkt. 0575/59469/JPW/AJM/MVM

Applicants: Robert H. DeBellis and Bernard F. Erlanger

Serial No.: 09/828,413      Examiner: S. Saucier

Filed : April 6, 2001      Group Art Unit: 1651

For : METHODS OF TREATING SICKLE CELL DISEASE

July 12, 2004

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Transmitted herewith is an amendment to the above identified application.

  X   Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

     A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

  X   No additional fee is required.

Do not enter & 7/5/04

The filing fee is calculated as follows:

| | NUMBER AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | | FEE | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 8 | - | 19 | = | 0 | X | $9 | $18 | = | 0 | 0 |
| Independent Claims | 1 | - | 6 | = | 0 | X | $43 | $86 | = | 0 | 0 |
| Multiple Dependent Claim(s) Presented _____ Yes _X_ No For First Time | | | | | | | $145 | $290 | = | 0 | 0 |

| TOTAL ADDITIONAL FEE | $ 0 |
|---|---|

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.